

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|---|-----------------------------------|---|------------------------------|
| 1 Date of Request: <u>8-11-04</u> | | 2 Serial/Patent # <u>09/728267</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| | | 6 AMOUNT | |
| <input type="checkbox"/> | Filing | | \$ |
| <input type="checkbox"/> | Amendment | | \$ |
| <input type="checkbox"/> | Extension of Time | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ |
| <input checked="" type="checkbox"/> | Petition | | 6/10/04 \$1330 ⁰⁰ |
| <input type="checkbox"/> | Issue | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ |
| <input type="checkbox"/> | Maintenance | | \$ |
| <input type="checkbox"/> | Assignment | | \$ |
| <input type="checkbox"/> | Other | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND \$1330 ⁰⁰ | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | |
| | | Treasury Check | |
| | | Credit Deposit A/C #: | |
| <input type="checkbox"/> | Overpayment | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 50--0589 </div> | |
| <input type="checkbox"/> | Duplicate Payment | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | |
| <i>pet dismissed as moot.</i> | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>WAN LAYMAN</u> | | TITLE: <u>pet. exam.</u> | |
| SIGNATURE: <u>Wan Layman</u> | | PHONE: _____ | |
| OFFICE: _____ | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>8/11/04</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B